

1.) CORPORATION NAME:

**GLAUCOMA RESEARCH FOUNDATION**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**INCorp SERVICES INC**

**7288 HANOVER GREEN DR**

**MECHANICSVILLE, VA 23111**

SCC ID NO: **F1193897**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 251 POST ST STE 600

CITY/ST/ZIP: SAN FRANCISCO, CA 94108-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS M BRUNNER  
TITLE: PRES/CEO  
ADDRESS: 251 POST ST STE 600  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94108-

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OFFICER

☒

DIRECTOR

NAME: MICHAEL L. PENN  
TITLE: SECRETARY  
ADDRESS: 549 ORIZABA AVENUE  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94132-

☒

OFFICER

☒

DIRECTOR

NAME: FREDERICK H BRINKMAN  
TITLE: TREASURER  
ADDRESS: 972 ADDISON ST  
CITY/ST/ZIP/CO: PALO ALTO, CA 94301-

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OFFICER

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DIRECTOR

NAME: J. BRONWYN BATEMAN  
TITLE: DIRECTOR  
ADDRESS: 1133 RACE ST 17N  
CITY/ST/ZIP/CO: DENVER, CO 80206-

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OFFICER

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DIRECTOR

NAME: C. SETH CUNNINGHAM  
TITLE: DIRECTOR  
ADDRESS: 318 E 70TH ST APT 5RE  
CITY/ST/ZIP/CO: NEW YORK, NY 10021-

☐

OFFICER

☒

DIRECTOR

NAME:	TIMOTHY J. DWYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 STADLER DR		
CITY/ST/ZIP/CO:	WOODSIDE, CA 94062-		
NAME:	ADRIENNE L. GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	999 GREEN ST #1205		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94133-		
NAME:	JOHN W. GRUNDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PFIZER, INC.		
CITY/ST/ZIP/CO:	235 E 42ND ST 219-8-8 NEW YORK, NY 10017-		
NAME:	JOHN HETHERINGTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 LEEWARD RD		
CITY/ST/ZIP/CO:	BELVEDERE TIBURON, CA 94920-		
NAME:	H. DUNBAR HOSKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 PENINSULA RD		
CITY/ST/ZIP/CO:	BELVEDERE TIBURON, CA 94920-		
NAME:	LINDA C. LINCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3557 BOYER CIR		
CITY/ST/ZIP/CO:	LAFAYETTE, CA 94549-		
NAME:	DEIRDRE PORTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WENTWORTH, HAUSER, AND VIOLICH, INC.		
CITY/ST/ZIP/CO:	301 BATTERY ST STE 400 SAN FRANCISCO, CA 94111-		
NAME:	RHETT M. SCHIFFMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2525 DUPONT DR		
CITY/ST/ZIP/CO:	IRVINE, CA 94612-		
NAME:	DENNIS E. SINGLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	138 ISABELLA AVE		
CITY/ST/ZIP/CO:	ATHERTON, CA 94027-		
NAME:	ROBERT L. STAMPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	562 ARLINGTON AVE		
CITY/ST/ZIP/CO:	BERKELEY, CA 94707-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL STEWART DIRECTOR 506 HANBURY LN FOSTER CITY, CA 94404-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR S. TAKAHARA DIRECTOR 381 FOXBOROUGH DR MOUNTAIN VIEW, CA 94041-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE E. THOMAS DIRECTOR 354 DONALD DR MORAGA, CA 94556-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN B. WAX DIRECTOR 1607 SLEEPY HOLLOW CT WESTLAKE, TX 76262-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONA ZANDER DIRECTOR 9 VASQUEZ TRL CARMEL, CA 93923-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KULDEV SINGH DIRECTOR 900 BLAKE WILBUR DR RM W3055 STANFORD, CA 94305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. ALLEN BOUCH VICE CHAIRMAN 420 WILDWOOD AVE PIEDMONT, CA 94611-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW G IWACH MD CHAIRMAN 55 STEVENSON ST SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ THOMAS M BRUNNER</u>		<u>THOMAS M BRUNNER, PRES/CEO</u>	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			